Kentucky Plant
1987 SR 271 North
Hawesville KY 42348 USA
Tel. 270/927-6971
Fax 270/927-6977

AI 44199

Southwire®

September 14, 2004

Inventory and Data Management Section
KPDES Branch
Kentucky Division of Water
14 Reilly Road
Frankfort, KY 40601-1190

RE: KPDES Permit No. KY0002747 Renewal
Southwire Company Kentucky Plant
Hawesville, Hancock County, Kentucky

Dear Sirs:

Attached for your consideration is an application for the renewal of the above referenced KPDES Permit along with the filing fee of $420.00 for a minor industry facility category.

Should there be any questions or need for additional information, you may contact either Ken Taylor at Kenvirons, Inc. 502-695-4357 or myself.

Sincerely,

Susie Chaffin

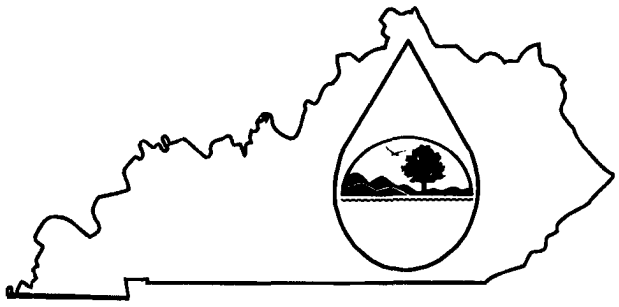
Susie Chaffin
QA/Environmental Supervisor

Attachment

cc: Ken Taylor, PE

KPDES Branch
SEP 15 2004
REC VED

KPDES FORM 1



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:
KPDES Branch (502) 564-3410

dnk 42D

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	0	0	2	7	4	7

A. Name of business, municipality, company, etc. requesting permit
Southwire Company Kentucky Plant

B. Facility Name and Location	C. Facility Owner/Mailing Address
Facility Location Name: Southwire Company Kentucky Plant	Owner Name: Southwire Company Kentucky Plant
Facility Location Address (i.e. street, road, etc.): 1987 State Route 271 N.	Mailing Street: 1987 State Route 271 N.
Facility Location City, State, Zip Code: Hawesville, KY 42348	Mailing City, State, Zip Code: Hawesville, KY 42348
	Telephone Number: 270-927-6971

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Manufacturer of Aluminum Rod and Electrical Utility Cable

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	3355 Aluminum Rolling and Drawing		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located:	City where facility is located (if applicable):
Hancock	Hawesville

C. Body of water receiving discharge:
Ohio River

D. Facility Site Latitude (degrees, minutes, seconds):	Facility Site Longitude (degrees, minutes, seconds):
37-56-30	86-47-00

E. Method used to obtain latitude & longitude (see instructions): scaled from USGS 7.5' topographic map

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 003264421

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
Southwire Company Kentucky Plant	270-927-6971
Operator Mailing Address (Street): 1987 State Route 271 N.	
Operator Mailing Address (City, State, Zip Code): Hawesville, KY 42348	
Is the operator also the owner? Yes ☒ No ☐	Is the operator certified? If yes, list certification class and number below. Yes ☐ No ☒
Certification Class: n/a	Certification Number: n/a

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KY0002747	01-29-01	02-28-05
Number of Times Permit Reissued: six (6)	Date of Original Permit Issuance: 12-10-73	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	V-98-008	
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Wayne Edge, Plant Manager
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	
DMR Mailing Street:	
DMR Mailing City, State, Zip Code:	
DMR Official Telephone Number:	

VII. APPLICATION FILING FEE

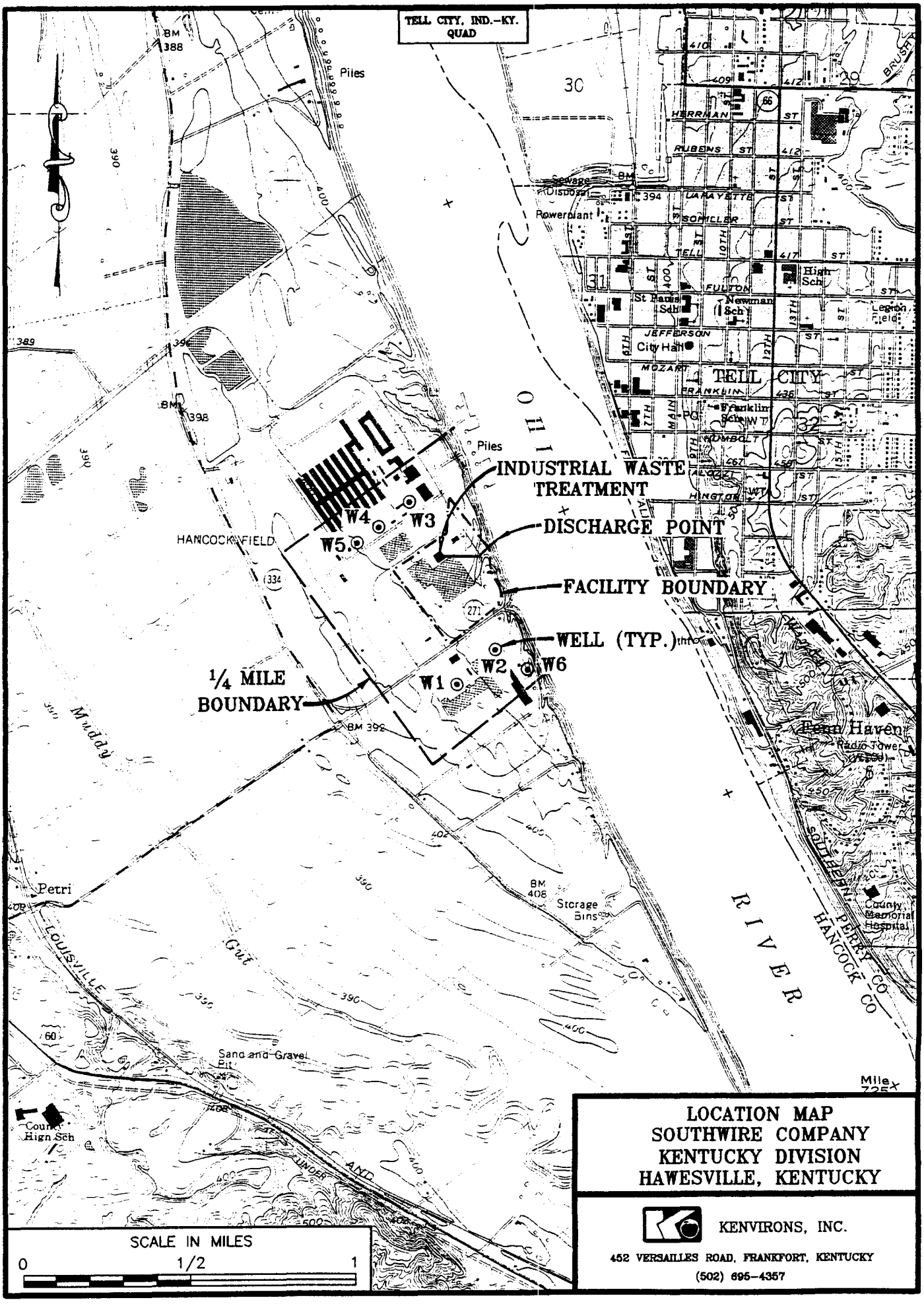
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Minor Industry	$420.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Tony Randolph, V. P. Energy/Manufacturing Division	770-832-4678
SIGNATURE 	DATE: Sept. 14, 2004



LOCATION MAP
SOUTHWIRE COMPANY
KENTUCKY DIVISION
HAWESVILLE, KENTUCKY

KENVIRONS, INC.
452 VERSAILLES ROAD, FRANKFORT, KENTUCKY
(502) 695-4357

F:\95044\TOPO 3 24 95

DESCRIPTION OF WELLS LOCATED
WITHIN ¼ MILE OF
SOUTHWIRE COMPANY – KENTUCKY DIVISION

W1 – Alcoa Plant (process water)

W2 – Southern Shores (drinking and process water)

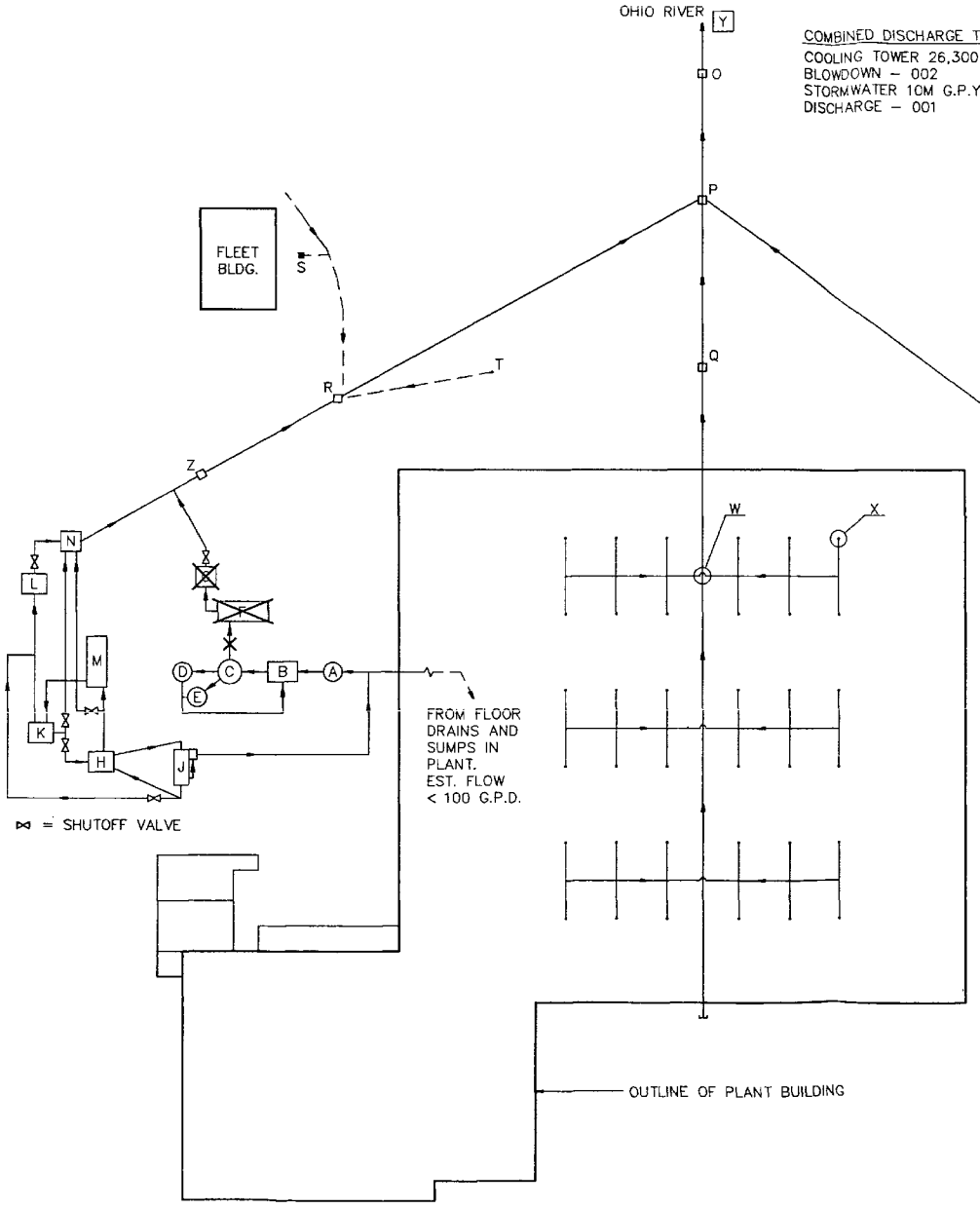
W3 – Century Well #1 (monitoring well)

W4 - Century Well #2 (monitoring well)

W5 – Century Well #3 (monitoring well)

W6 – H. Mason (domestic use)

Sources: Century, Kentucky Geological Survey
Engr\95044\wells



COMBINED DISCHARGE TO RIVER
COOLING TOWER 26,300 G.P.D.
BLOWDOWN – 002
STORMWATER 10M G.P.Y.
DISCHARGE – 001

LEGEND

A) INDUSTRIAL WASTE RECEIVING TANK

B) OIL SEPARATION TANK

C) HOLDING TANK

D) WASTE OIL RECEIVING TANK

E) WASTE OIL RECEVING TANK

F) SAND FILTER AND DRYING BED – DECOMMISSIONED

G) PREDISCHARGE SAMPLING POINT – DECOMMISSIONED

H) HOT WELL (PROCESS COOLING WATER RETURN TANK)
(ESTIMATED RETURN FLOW IN GPM 2200–2800)

J) WEMCO RECIRCULATION / OIL SEPARATION SYSTEM

K) COLD WELL (PROCESS COOLING WATER SUPPLY TANK)
(ESTIMATED SUPPLY FLOW IN GPM 2200–2800)
(POTABLE WATER MAKE UP FROM CENTURY, AVG. FLOW 99,650 G.P.D.)

L) BLOWDOWN DISCHARGE HOLDING TANK

M) WATER COOLING TOWER UNITS
(COOLING TOWER BLOWDOWN –002 AVG. FLOW 26,300 G.P.D.)
(ESTIMATED FLOW 2200–2800 G.P.M.)
(AVG. EVAPORATION LOSS 73,350 G.P.D.)

N) CATCH BASIN

O–V) YARD WATER CATCH BASINS

W) MANHOLE FOR STORM WATER SYSTEM (3)

X) 8" INTERNAL STORM WATER DRAIN (36)

Y) SAMPLE COLLECTION AT END OF SPILLWAY

Z) PROPOSED SAMPLE AND FLOWMETER LOCATION –002

SOUTHWIRE COMPANY
DISCHARGE LAYOUT FOR PROCESS WATER, STORM WATER AND INDUSTRIAL WASTE

DRAWN BY: JKP
CHECKED BY: KDT
CHECKED BY:
DATE: SPST., 2004
SCALE: 1" = 120'±
REV:

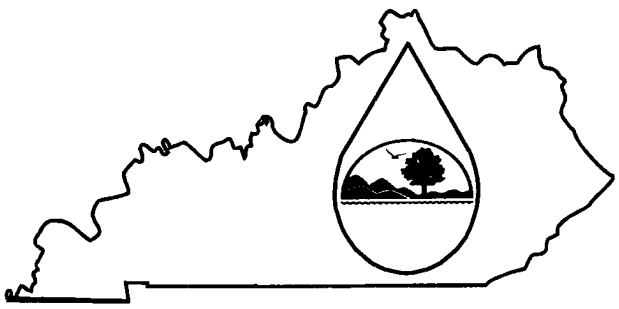
KENVIRONS, INC.
FRANKFORT, KENTUCKY

PROJECT NO.
2004027

SHEET NO.
1 OF 1

N:\P\2004027\DWG\DISCHARGE LAYOUT

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Southwire Company, Kentucky Plant	County: Hancock
I. OUTFALL LOCATION	AGENCY USE

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	56	30	86	47	00	Ohio River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
001	Storm Water Runoff	10,000,000 gal. / year	none	n/a
	002 - Cooling Tower Blowdown	26,300 gal./day	none	n/a
002	Cooling Tower Blowdown	26,300 gal/day	none	n/a

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☒ Yes (Complete the following table.) ☐ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	
002	cooling tower blowdown	7	12	0.0263	0.1055	26,300 gal/day	105,500 gal/day	0.25

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☒ Yes (Complete Item III-C) ☐ No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	
1,00,000	lbs	Rolling with emulsions	002
300,000	lbs	Drawing with neat oils	002

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
Chlorine	Previous Analysis of 002		
Phosphorus	Previous Analysis of 002		

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☒ No (Go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below) ☐ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Microbac Laboratories, Inc.	2701 N. Cullen Ave. Suite A Evansville, IN 47715	812-464-9000	Those with multiple analyses
McCoy & McCoy Laboratories, Inc.	P. O. Box 907 85 East Noel Avenue Madisonville, KY42431	270-821-7375	Those with single analyses

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Tony Randolph, V.P. Energy/Manufacturing Division	770-832-4678
SIGNATURE 	DATE Sept. 14, 2004

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) — **OUTFALL NO.** 001

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)	13						1	mg/l				
b. Chemical Oxygen Demand (COD)	55						1	mg/l				
c. Total Organic Carbon (TOC)	11.6						1	mg/l				
d. Total Suspended Solids (TSS)	24				<8..98		12	mg/l				
e. Ammonia (as N)	<1						1	mg./				
f. Flow (in units of MGD)	VALUE	0.786	VALUE		VALUE	0.254	12	MGD		VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE			°c		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE			°c		VALUE		
i. pH	MINIMUM 6.9	MAXIMUM 8.7	MINIMUM	MAXIMUM			12	STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
a. Bromide (24959-67-9)		x												
b. Bromine Total Residual		x												
c. Chloride		x												
d. Chlorine, Total Residual	x		<0.02						1	mg/l				
e. Color		x												
f. Fecal Coliform		x												
g. Fluoride (16984-48-8)		x												
h. Hardness (as $CaCO_3$)	X		400				142		11	mg/l				
i. Nitrate – Nitrite (as N)		x												
j. Nitrogen, Total Organic (as N)		x												
k. Oil and Grease	x		<5				<5		12	mg/l				
l. Phosphorous (as P), Total 7723-14-0		x												
m. Radioactivity														
(1) Alpha, Total		x												
(2) Beta, Total		x												
(3) Radium Total		x												
(4) Radium, 226, Total		x												

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
n. Sulfate (as SO_4) (14808-79-8)		x												
o. Sulfide (as S)		x												
p. Sulfite (as SO_4) (14286-46-3)		x												
q. Surfactants		x												
r. Aluminum, Total (7429-90)	x		1.03						1	mg/l				
s. Barium, Total (7440-39-3)		x												
t. Boron, Total (7440-42-8)		x												
u. Cobalt, Total (7440-48-4)		x												
v. Iron, Total (7439-89-6)		x												
w. Magnesium Total (7439-96-4)		x												
x. Molybdenum Total (7439-98-7)		x												
y. Manganese, Total (7439-96-6)		x												
z. Tin, Total (7440-31-5)		x												
aa. Titanium, Total (7440-32-6)		x												

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)			x												
2M. Arsenic, Total (7440-38-2)			x												
3M. Beryllium Total (7440-41-7)			x												
4M. Cadmium Total (7440-43-9)			x												
5M. Chromium Total (7440-43-9)		x		<0.002						1	mg/l				
6M. Copper Total (7550-50-8)		x		<0.002						1	mg/l				
7M. Lead Total (7439-92-1)			x												
8M. Mercury Total (7439-97-6)			x												
9M. Nickel, Total (7440-02-0)			x												
10M. Selenium, Total (7782-49-2)			x												
11M. Silver, Total (7440-28-0)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)			x												
13M. Zinc, Total (7440-66-6)		x		0.704						1	mg/l				
14M. Cyanide, Total (57-12-5)		x		<0.02						1	mg/l				
15M. Phenols, Total			x												
DIOXIN															
2,3,7,8 Tetra-chlorodibenzo, P, Dioxin (1784-01-6)			x	DESCRIBE RESULTS:											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)															
2V. Acrylonitrile (107-13-1)															
3V. Benzene (71-43-2)															
5V. Bromoform (75-25-2)															
6V. Carbon Tetrachloride (56-23-5)															
7V. Chloro-benzene (108-90-7)															
8V. Chlorodibro-momethane (124-48-1)															

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) — **OUTFALL NO.** 002

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)	19						1	mg/l				
b. Chemical Oxygen Demand (COD)	47						1	mg/l				
c. Total Organic Carbon (TOC)	35.2						1	mg/l				
d. Total Suspended Solids (TSS)		11.61				<3.03	12		lbs/day			
e. Ammonia (as N)	<1						1	mg/l				
f. Flow (in units of MGD)	VALUE	0.106	VALUE		VALUE	0.026	334	MGD		VALUE		
g. Temperature (winter)	VALUE	17.8	VALUE		VALUE	15.2	6	°c		VALUE		
h. Temperature (summer)	VALUE	28.9	VALUE		VALUE	23.7	6	°c		VALUE		
i. pH	MINIMUM 7.1	MAXIMUM 8.5	MINIMUM	MAXIMUM			12	STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X" a. Believed Present	2. MARK "X" b. Believed Absent	3. EFFLUENT a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	4. UNITS a. Concentration	4. UNITS b. Mass	6. INTAKE (optional) a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	6. INTAKE (optional) b. No. of Analyses
a. Bromide (24959-67-9)		x												
b. Bromine Total Residual		x												
c. Chloride	x		74						1	mg/l				
d. Chlorine, Total Residual	x		<0.05						1	mg/l				
e. Color	x		<0.05						1	ADMI				
f. Fecal Coliform	x		>600						1	#/100mls				
g. Fluoride (16984-48-8)	x		1.3						1	mg/l				
h. Hardness (as $CaCO_3$)	x		520						1	mg/l				
i. Nitrate – Nitrite (as N)	x		1.3						1	mg/l				
j. Nitrogen, Total Organic (as N)	x		<1						1	mg/l				
k. Oil and Grease	x			14.1				<2.1	13	lbs/day				
l. Phosphorous (as P), Total 7723-14-0	x		0.1						1	mg/l				
m. Radioactivity														
(1) Alpha, Total		x												
(2) Beta, Total		x												
(3) Radium Total		x												
(4) Radium, 226, Total		x												

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
n. Sulfate (as SO_4) (14808-79-8)	x		471						1	mg/l				
o. Sulfide (as S)		x												
p. Sulfite (as SO_4) (14286-46-3)		x												
q. Surfactants		x												
r. Aluminum, Total (7429-90)	x			0.10				<0.04	12	lbs/day				
s. Barium, Total (7440-39-3)	x		0.08						1	mg/l				
t. Boron, Total (7440-42-8)	x		.036						1	mg/l				
u. Cobalt, Total (7440-48-4)	x		<0.002						1	mg/l				
v. Iron, Total (7439-89-6)	x		0.283						1	mg/l				
w. Magnesium Total (7439-96-4)	x		47.4						1	mg/l				
x. Molybdenum Total (7439-98-7)		x												
y. Manganese, Total (7439-96-6)	x		0.262						1	mg/l				
z. Tin, Total (7440-31-5)		x												
aa. Titanium, Total (7440-32-6)		x												

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)	x			<0.002						1	mg/l				
2M. Arsenic, Total (7440-38-2)	x			0.0102						1	mg/l				
3M. Beryllium Total (7440-41-7)	x			0.007						1	mg/l				
4M. Cadmium Total (7440-43-9)	x			<0.002						1	mg/l				
5M. Chromium Total (7440-43-9)	x				<.003				<.004	12	mg/l				
6M. Copper Total (7550-50-8)	x			0.025						1	mg/l				
7M. Lead Total (7439-92-1)	x			<0.002						1	mg/l				
8M. Mercury Total (7439-97-6)	x			<0.002						1	mg/l				
9M. Nickel, Total (7440-02-0)	x			<0.002						1	mg/l				
10M. Selenium, Total (7782-49-2)	x			<0.002						1	mg/l				
11M. Silver, Total (7440-28-0)	x			<0.002						1	mg/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)	x			<0.0005						1	mg/l				
13M. Zinc, Total (7440-66-6)	x				0.02				0.026	12	lbs/day				
14M. Cyanide, Total (57-12-5)	x				0.008				<.002	12	lbs/day				
15M. Phenols, Total	x			<0.05						1	mg/l				
DIOXIN															
2,3,7,8 Tetra-chlorodibenzo, P, Dioxin (1784-01-6)			x	DESCRIBE RESULTS:											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)	x			<5						1	ug/l				
2V. Acrylonitrile (107-13-1)	x			<5						1	ug/l				
3V. Benzene (71-43-2)	x			<5						1	ug/l				
5V. Bromoform (75-25-2)	x			<5						1	ug/l				
6V. Carbon Tetrachloride (56-23-5)	x			<5						1	ug/l				
7V. Chloro-benzene (108-90-7)	x			<5						1	ug/l				
8V. Chlorodibro-momethane (124-48-1)	x			<5						1	ug/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
9V. Chloroethane (74-00-3)	x			<5						1	ug/l				
10V. 2-Chloro-ethylvinyl Ether (110-75-8)	x			<5						1	ug/l				
11V. Chloroform (67-66-3)	x			<5						1	ug/l				
12V. Dichloro-bromomethane (75-71-8)	x			<5						1	ug/l				
14V. 1,1-Dichloroethane (75-34-3)	x			<5						1	ug/l				
15V. 1,2-Dichloroethane (107-06-2)	x			<5						1	ug/l				
16V. 1,1-Dichlorethylene (75-35-4)	x			<5						1	ug/l				
17V. 1,2-Di-chloropropane (78-87-5)	x			<5						1	ug/l				
18V. 1,3-Dichloropro-pylene (452-75-6)	x			<5						1	ug/l				
19V. Ethyl-benzene (100-41-4)	x			<5						1	ug/l				
20V. Methyl Bromide (74-83-9)	x			<5						1	ug/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						d. No. of Analyses	4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)			a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)	x			<5						1	ug/l				
22V. Methylene Chloride (75-00-2)	x			<5						1	ug/l				
23V. 1,1,2,2-Tetrachloro-ethane (79-34-5)	x			<5						1	ug/l				
24V. Tetrachloro-ethylene (127-18-4)	x			<5						1	ug/l				
25V. Toluene (108-88-3)	x			<5						1	ug/l				
26V. 1,2-Trans-Dichloro-ethylene (156-60-5)	x			<5						1	ug/l				
27V. 1,1,1-Tri-chloroethane (71-55-6)	x			<5						1	ug/l				
28V. 1,1,2-Tri-chloroethane (79-00-5)	x			<5						1	ug/l				
29V. Trichloro-ethylene (79-01-6)	x			<5						1	ug/l				
30V. Vinyl Chloride (75-01-4)	x			<2						1	ug/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X" a. Testing Required	a. Believed Present	b. Believed Absent	3. EFFLUENT a. Maximum Daily Value (1) Concentration	(2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	(2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	(2) Mass	d. No. of Analyses	4. UNITS a. Concentration	b. Mass	5. INTAKE (optional) a. Long-Term Avg Value (1) Concentration	(2) Mass	b. No. of Analyses
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chloro-phenol (95-57-8)	x			<10						1	ug/l				
2A. 2,4-Dichlor-Orophenol (120-83-2)	x			<10						1	ug/l				
3A. 2,4-Dimeth-ylphenol (105-67-9)	x			<10						1	ug/l				
4A. 4,6-Dinitro-o-cresol (534-52-1)	x			<10						1	ug/l				
5A. 2,4-Dinitro-phenol (51-28-5)	x			<10						1	ug/l				
6A. 2-Nitro-phenol (88-75-5)	x			<10						1	ug/l				
7A. 4-Nitro-phenol (100-02-7)	x			<10						1	ug/l				
8A. P-chloro-m-cresol (59-50-7)	x			<10						1	ug/l				
9A. Pentachloro-phenol (87-88-5)	x			<10						1	ug/l				
10A. Phenol (108-05-2)	x			<10						1	ug/l				
11A. 2,4,6-Tri-chlorophenol (88-06-2)	x			<10						1	ug/l				
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acena-phthene (83-32-9)	x			<10						1					

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acenaphtylene (208-96-8)	x			<10						1	ug/l				
3B. Anthracene (120-12-7)	x			<10						1	ug/l				
4B. Benzidine (92-87-5)	x			<10						1	ug/l				
5B. Benzo(a)-anthracene (56-55-3)	x			<10						1	ug/l				
6B. Benzo(a)-pyrene (50-32-8)	x			<10						1	ug/l				
7B. 3,4-Benzofluoranthene (205-99-2)	x			<10						1	ug/l				
8B. Benzo(ghl)perylene (191-24-2)	x			<10						1	ug/l				
9B. Benzo(k)-fluoranthene (207-08-9)	x			<10						1	ug/l				
10B. Bis(2-chloroethoxy)-methane (111-91-1)	x			<10						1	ug/l				
11B. Bis (2-chloroisopropyl)-Ether	x			<10						1	ug/l				
12B. Bis (2-ethylhexyl)-phthalate (117-81-7)	x			<10						1	ug/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)	x			<10						1	ug/l				
14B. Butyl-benzyl phthalate (85-68-7)	x			<10						1	ug/l				
15B. 2-Chloro-naphthalene (7005-72-3)	x			<10						1	ug/l				
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)	x			<10						1	ug/l				
17B. Chrysene (218-01-9)	x			<10						1	ug/l				
18B. Dibenzo-(a,h) Anthracene (53-70-3)	x			<10						1	ug/l				
19B. 1,2-Dichloro-benzene (95-50-1)	x			<10						1	ug/l				
20B. 1,3-Dichloro-Benzene (541-73-1)	x			<10						1	ug/l				
21B. 1,4-Dichloro-benzene (106-46-7)	x			<10						1	ug/l				
22B. 3,3-Dichloro-benzidene (91-94-1)	x			<10						1	ug/l				
23B. Diethyl Phthalate (84-66-2)	x			<10						1	ug/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)	x			<10						1	ug/l				
25B. Di-N-butyl Phthalate (84-74-2)	x			<10						1	ug/l				
26B. 2,4-Dinitro-toluene (121-14-2)	x			<10						1	ug/l				
27B. 2,6-Dinitro-toluene (606-20-2)	x			<10						1	ug/l				
28B. Di-n-octyl Phthalate (117-84-0)	x			<10						1	ug/l				
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)	x			<10						1	ug/l				
30B. Fluoranthene (208-44-0)	x			<10						1	ug/l				
31B. Fluorene (86-73-7)	x			<10						1	ug/l				
32B. Hexachloro-benzene (118-71-1)	x			<10						1	ug/l				
33B. Hexachloro-butadiene (87-68-3)	x			<10						1	ug/l				
34B. Hexachloro-cyclopenta-diene (77-47-4)	x			<10						1	ug/l				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B. Hexachloroethane (67-72-1)	x			<10						1	ug/l				
36B. Indneo-(1,2,3-oc)-Pyrene (193-39-5)	x			<10						1	ug/l				
37B. Isophorone (78-59-1)	x			<10						1	ug/l				
38B. Napthalene (91-20-3)	x			<10						1	ug/l				
39B. Nitrobenzene (98-95-3)	x			<10						1	ug/l				
40B. N-Nitrosodimethylamine (62-75-9)	x			<10						1	ug/l				
41B. N-nitrosodi-n-propylamine (621-64-7)	x			<10						1	ug/l				
42B. N-nitrosodiphenylamine (86-30-6)	x			<10						1	ug/l				
43B. Phenanthrene (85-01-8)	x			<10						1	ug/l				
44B. Pyrene (129-00-0)	x			<10						1	ug/l				
45B. 1,2,4 Trichlorobenzene (120-82-1)	x			<10						1					

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			x												
2P. α-BHC (319-84-6)			x												
3P. β-BHC (58-89-9)			x												
4P. gamma-BHC (58-89-9)			x												
5P. δ-BHC (319-86-8)			x												
6P. Chlordane (57-74-9)			x												
7P. 4,4'-DDT (50-29-3)			x												
8P. 4,4'-DDE (72-55-9)			x												
9P. 4,4'-DDD (72-54-8)			x												
10P. Dieldrin (60-57-1)			x												
11P. α-Endosulfan (115-29-7)			x												
12P. β-Endosulfan (115-29-7)			x												
13P. Endosulfan Sulfate (1031-07-8)			x												
14P. Endrin (72-20-8)			x												

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)			x												
16P Heptachlor (76-44-8)			x												
17P. Heptaclor Epoxide (1024-57-3)			x												
18P. PCB-1242 (53469-21-9)			x												
19P. PCB-1254 (11097-69-1)			x												
20P. PCB-1221 (11104-28-2)			x												
21P. PCB-1232 (11141-16-5)			x												
22P. PCB-1248 (12672-29-6)			x												
23P. PCB-1260 (11096-82-5)			x												
24P. PCB-1016 (12674-11-2)			x												
25P. Toxaphene (8001-35-2)			x												